## RETURN THIS APPLICATION TO:

KY State Board of Hairdressers & Cosmetologists 111 St. James Ct., Suite A Frankfort, KY 40601 (502) 564-4262

## RETAKE EXAMINATION APPLICATION

Applicant Type		<u>Fee</u>		
			Exam Retake Type	
0	Apprentice Cosmetologist	\$32.00		
0	Cosmetologist	\$32.00	O WRITTEN ONLY	
0	Nail Technician	\$32.00	i marian one	
0	Esthetician	\$62.00	PRACTICAL ONLY	
0	Cosmetology Instructor	\$50.00	U TRACTICAL ORDI	
0	Esthetic Instructor	\$125.00	□ WRITTEN & PRACTICAL	
0	Dual Cosm/Esth Instructor	\$62.00	U WRITTEN & FRACTICAL	
0	Out-of-State Cosmetologist	\$60.00		
0	Out-of-State Cosmetology Instructor	\$100.00		
0		\$87.00		

\*\*\* No Refund of Examination Fees Made Unless Application is Denied\*\*\*

Full Name of Applicant	(First)	(Middle)	(Maiden)	(Last)
Address				
Address(Street A	ddress)	(City)	(State)	(Zip Code)
Social Security Number		Daytime Phone Number		
Date of Birth	□ Male □ Female	Email Addres	is	
SECTIONS OF PRACT	ICAL EXAMINATION TO RET	AKE		
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	bligation issued by the KY Higher	Education Assist	ance Authority (	KHEAAN TVos RNo
tre you in delaun on any loan of	ongation issued by the K1 11igher	Education Assist	ance Authority (	KHEAA): 1165 DNO
			Signature o	f Applicant

YOU MUST HAVE A RECENT PHOTO ATTACHED BELOW! NO PAPER COPIES ACCEPTED!! PHOTO QUALITY PAPER ONLY!

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PHOTOGRAPH
HERE
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ONLY!

Examination dates and applications deadlines are listed on the KY State Board of Hairdressers and Cosmetologists website kbhc.ky.gov

**NOTE:** EXAM NOTIFICATION SHEETS WILL BE MAILED FOLLOWING THE EXAM DEADLINE.

Revised June 25, 2012

<sup>\*\*\*</sup>Examination fee must be submitted with this application\*\*\*

<sup>\*\*\*</sup>Payment must be in the form of a Money Order, Cashiers Check or Cash (Correct Change Only). No personal or business checks accepted\*\*\*

<sup>\*\*\*</sup> Any Failed Portion of the Exam Must be retaken within 1 year. After that time the Full examination is required to be completed.\*\*\*